

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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2015 SEP 17 P 4: 23

S.D. OF N.Y.

Shakeem White  
(349-15-03118)

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

The City of NY & DOC

Joseph Ponte

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

**15CV7395**

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Shakeem White  
ID # 349-15-03118  
Current Institution G.R.V.C.  
Address 09-09 Hazen Street  
East Elmhurst New York 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Capt. Young Shield # \_\_\_\_\_  
Where Currently Employed DOBCC  
Address 1600 Hazen Street NY, 11370

Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

O.B.C.C OTIS Bantum Correctional Center

B. Where in the institution did the events giving rise to your claim(s) occur?

O.B.C.C 5 North (RHU Box) Exiting Shower,  
 and Housing unit toward vestibule (Area)  
 (cameras) 1722 points straight to inside

C. What date and approximate time did the events giving rise to your claim(s) occur?

APPROX, 7:45<sup>PM</sup>, 8:00<sup>PM</sup> on July 31, 2015

~~SECRET~~

**Who did what?**

**Was anyone else involved?**

**Who else saw what happened?**

3



July 31 2015

S. White

349-15-03118

I was on ESO watch Read on the Shower go Back to #49 cell the Shower was getting Hot and No way for Air to circulate/ventilate and I Have Asthma and my ches. Started Bothing me. I then Requested Medical and was denied told Im going Back to my cell and Not to the Mini Clinic So I asked for the Area Supervisor ~~which~~ was, Capt. young He Also Stated "I Dont care" → your Not going" He told my ESO, watch sheet officer

Hand cuff Him and ESCourt him Back to his cell #49 He told me to walk Back in a green institutional smock I ASKed to walk Back How I came in my orange Jumper Capt. young Still words NO! He Said you No what give the orange Jumper since you "wanna Be a pain in my ASS" Im a Whoop your ASS So I <sup>tried to</sup> fliped my cuff Because Im Scared He grabed me up (Capt. young) and twisted my Arm I scream stop your Hurting me He Said Shut up "Crook" Im going to do more then just twist your Are as Exiting the Housing unit 5 North Cammeria (#17) Shows Straight to the vestable My Arm was again twisted Harder and I ~~gave~~ jerked my Body Back Do to pain Im wrist and Accidatly ~~we~~ Collided Heads with Capt. young

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

O.B.C.C

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No ☒ Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_\_ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

was scared of more to come!  
DON'T want no problems

2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

when and how, and their response, if any: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_

harassed in the facilities

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

I would like the Courts to Find Justice to my injuries tramatic ~~stress~~ stress  
for Lack of medical Attention But Not Limited to All Injuries sustained and any other that the court may deem equitable for the City's Lack of unperfected work and training taught to Officers  
check Dept Camera for photo of my injuries  
Sueing each Defendant in the Amount of ~~2.000.000.000.00~~ 2.000.000.000.00 for my Justice and Relief

**VI. Previous lawsuits:**

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No ☒

On  
these  
claims



- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes \_\_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2015

Signature of Plaintiff

Inmate Number

Institution Address

349-15-03118  
09-09 Hazen St  
G.r.v.c  
east elmhurst ny,  
11370

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of \_\_\_\_\_, 2015 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Shakeem White



B-CC#2  
349-15-03118  
White, Shaheen (Bookcase)

09-09 HEZEN street

East Elmhurst NY 11370

500 Pearl Street New York, NY 10007

Southern District of New York

United States District Court

USDC SDNY

pro se  
pro 9/11/15

NEW YORK NY 100

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S.D. NY

